

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7679</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Donna</u> <u>L</u> <u>Frame</u> P.O. Box, Bldg., Room No., if any _____ Street <u>9201 Hale Drive</u> City <u>St. Louis</u> State <u>Missouri</u> ZIP Code + 4 <u>63123</u>	4. Name, file number, and address of labor organization. Name <u>United Food & Commercial Workers Union #655</u> Labor Organization File Number <u>015641</u> P.O. Box, Building and Room Number, if any _____ Street <u>300 Weidman Road</u> City <u>Ballwin</u> State <u>Missouri</u> ZIP Code + 4 <u>63011</u>
5. Position in labor organization. <u>Administrative Manager Pension Fund</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Donna L. Frame

On

08/11/2005

Date

636-736-2712

Telephone Number

Name of Person Filing Donna Frame	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Morgan Stanley Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 440 LaSalle Street City Chicago State Illinois ZIP Code + 4 60605	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, if any: Food Employers Joint Pension Fund P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin State Missouri ZIP Code + 4 63011	11.a. Nature of such dealing. Client Dinner in St. Louis, MO <hr/> 11.b. Approximate dollar value of such dealing. \$77 <hr/> 12.a. Nature of interest held or income received. <hr/> 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name The Segal Company Advisors Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 North Wacker Drive Suite 500 City Chicago State Illinois ZIP Code + 4 60606-1724	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, if any: Food Employers Joint Pension Fund P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin State Missouri ZIP Code + 4 63011	11.a. Nature of such dealing. Registration Fee for Educational Seminar 11.b. Approximate dollar value of such dealing. \$850 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UFCW Local 655 Food Employers Joint Pension</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 300 Weidman Road</p> <p>City Ballwin</p> <p>State Missouri ZIP Code + 4 63011</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name United Food & Commercial Workers Local 655</p> <p>Trade Name, if any: Food Employers Joint Pension Fund</p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 300 Weidman Road</p> <p>City Ballwin</p> <p>State Missouri ZIP Code + 4 63011</p>	<p>11.a. Nature of such dealing.</p> <p>Expenses incurred for educational seminar with The Segal Company Advisors held in San Juan, PR</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$309</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p></p> <hr/> <p>12.b. Amount.</p> <p></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p></p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name International Foundation of Employees Benefi</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 18700 W Bluemound Road</p> <p>City Brookfield</p> <p>State Wisconsin ZIP Code + 4 53005</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name United Food & Commercial Workers Local 655</p> <p>Trade Name, if any: Food Employers Joint Pension Fund</p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 300 Weidman Road</p> <p>City Ballwin</p> <p>State Missouri ZIP Code + 4 63011</p>	<p>11.a. Nature of such dealing.</p> <p>Registration Fee for Educational Seminar</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$915</p> <p>12.a. Nature of interest held or income received.</p> <p></p> <hr/> <p>12.b. Amount. </p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name UFCW Local 655 Food Employers Joint Pension Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin State Missouri ZIP Code + 4 63011	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, if any: Food Employers Joint Pension Fund P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin State Missouri ZIP Code + 4 63011	11.a. Nature of such dealing. Expenses incurred for educational seminar with International Foundation held in New Orleans, LA <hr/> 11.b. Approximate dollar value of such dealing. \$310 12.a. Nature of interest held or income received. <hr/> 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name The Segal Company</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 101 North Wacker Drive Suite 500</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606-1724</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name United Food & Commercial Workers Local 655</p> <p>Trade Name, if any: Food Employers Joint Pension Fund</p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 300 Weidman Road</p> <p>City Ballwin</p> <p>State Missouri ZIP Code + 4 63011</p>	<p>11.a. Nature of such dealing.</p> <p>Client Dinner @ LaTerrace Rest. in San Juan, PR</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$72</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <hr/> <p>12.b. Amount.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Byrnes Software Technologies, Inc</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1819 Clarkson Road, Suite 200</p> <p>City Chesterfield</p> <p>State Missouri ZIP Code + 4 63017</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name United Food & Commercial Workers Local 655</p> <p>Trade Name, if any: Food Employers Joint Pension Fund</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 300 Weidman Road</p> <p>City Ballwin</p> <p>State Missouri ZIP Code + 4 63011</p>	<p>11.a. Nature of such dealing.</p> <p>Ball Tickets</p> <p>11.b. Approximate dollar value of such dealing. \$108</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Commerce Trust Company</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 8000 Forsyth</p> <p>City St. Louis</p> <p>State Missouri ZIP Code + 4 63105</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name United Food & Commercial Workers Local 655</p> <p>Trade Name, if any: Food Employers Joint Pension Fund</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 300 Weidman Road</p> <p>City Ballwin</p> <p>State Missouri ZIP Code + 4 63011</p>	<p>11.a. Nature of such dealing.</p> <p>Client Dinner in New Orleans, LA</p>
	<p>11.b. Approximate dollar value of such dealing. \$93</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Mellon Institutional Asset Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One Boston Place Suite 024-0241</p> <p>City Boston</p> <p>State Massachusetts ZIP Code + 4 02108</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name United Food & Commercial Workers Local 655</p> <p>Trade Name, if any: Food Employers Joint Pension Plan</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 300 Weidman Road</p> <p>City Ballwin</p> <p>State Missouri ZIP Code + 4 63011</p>	<p>11.a. Nature of such dealing.</p> <p>Client Dinner in New Orleans, LA</p> <p>11.b. Approximate dollar value of such dealing. \$200</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name McGlinn Capital Management</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 850 N Wyomissing Blvd.</p> <p>City Wyomissing</p> <p>State Pennsylvania ZIP Code + 4 19610</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name United Food & Commercial Workers Local 655</p> <p>Trade Name, if any: Food Employers Joint Pension Fund</p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 300 Weidman Road</p> <p>City Ballwin</p> <p>State Missouri ZIP Code + 4 63011</p>	<p>11.a. Nature of such dealing.</p> <p>Christmas Gift</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$106</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p></p> <hr/> <p>12.b. Amount. </p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>